Nebraska Department of Health and Human Services

Health Alert Network

Update

12/20/2023

Seasonal influenza & respiratory updates for clinicians

- Nebraska's Influenza and other Respiratory Diseases Surveillance System reports increases in influenza
 activity that marks the beginning of the 2023-24 influenza season, see weekly report here:
 https://dhhs.ne.gov/Flu%20Documents/Report.pdf. Continued increase in influenza activity is expected as
 the flu season progresses.
- For information on CDC's recommendation for co-administration of influenza, RSV, and COVID-19 vaccinations, including booster doses, please see this resource: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?cdc A refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html#Coadministration
- For the first time, RSV vaccinations are available for patients aged 60 years and over and for pregnant women. In addition, a new monoclonal antibody therapy, called Nirsevimab, is available for infants and some young children. More detailed information on these products and their recommendations can be found here: https://www.cdc.gov/rsv/about/prevention.html.
- A noticeable increase in RSV has been seen this fall and the medical community is advised to consider RSV testing in persons with cold-like symptoms, especially those with a negative COVID-19 and influenza test or other patients who are in the presence of an outbreak of lab-confirmed RSV. For more information regarding RSV, please visit CDC's RSV home page (https://www.cdc.gov/rsv/index.html).
- With influenza, RSV, and COVID-19 increasing in circulation this time of year, concomitant influenza, RSV, and COVID-19 testing is available as well. Testing for these viruses is available through the Nebraska Public Health Laboratory (NPHL) to healthcare providers seeing inpatients and outpatients if local testing options are exhausted.
- The predominant influenza subtype that has been detected in Nebraska this year is influenza A H1N1, followed by influenza A H3N2 and influenza B Victoria lineage. This is based on laboratory testing data reported in Nebraska during this current surveillance season as well as what is being reported nationally (https://www.cdc.gov/flu/weekly/index.htm).

Influenza vaccination statistics

For the 2022-23 season, about 49.3% of the United States population aged 6 months or older received the influenza vaccine, down 2.1 percentage points from the previous year. During that same period in Nebraska, the estimated influenza vaccination coverage for people aged 6 months or older was 51.1%, down 3.5 percentage points from the previous year (https://www.cdc.gov/flu/fluvaxview/interactive-general-population.htm). These decreases in influenza vaccination coverage, nationally and locally, are also observed among children aged 6 months-17 years; disparities were documented as well in this CDC study: https://www.cdc.gov/flu/fluvaxview/coverage-2223estimates.htm.

Respiratory disease testing: concomitant influenza, RSV, and COVID-19 testing is available

As co-circulation of influenza, RSV, and COVID-19 continues to increase this fall/winter, healthcare facilities are reminded that symptoms of COVID-19, influenza, and RSV are similar and symptomatic patients can be tested for all three viruses. Review CDC's Information for clinicians on influenza virus testing at https://www.cdc.gov/flu/professionals/diagnosis/index.htm?web=1&wdLOR=c357BCB52-B57D-44F2-862D-3390224B249A. Please contact NE DHHS at 402-471-2927, dhhs.epi@nebraska.gov, or your local health department (LHD) at https://dhhs.ne.gov/lhd if you have questions or unusual situations.

DHHS is asking laboratories who utilize a molecular influenza test to send any specimens to NPHL with a cycle threshold (CT) of 25 or lower for confirmatory influenza surveillance testing. If you believe you might have a false positive or false negative influenza test result, NPHL is available to confirm results. These specimens will be tested on the CDC Influenza-PCR assay to determine what viruses are currently circulating in Nebraska. This tests for influenza A virus, influenza B virus, influenza A virus subtype H3 [seasonal], influenza A virus subtype 2009 [H1N1], influenza B Yamagata lineage or influenza B Victoria lineage (if positive B). In turn, specimens are sent to the CDC for antigenic characterization of the virus. This information helps determine if the current vaccine covers for circulating viruses and what viruses should be included in the upcoming season's influenza vaccine.

Instructions to order influenza testing at NPHL

Use NUlirt (NPHL's Internet-based, electronic lab information system) to complete an order for FLUPCR (http://www.nphl.org/testing_results.cfm?testlink=51). To access NUlirt, click here (https://nulirt.nebraskamed.com/login) using your existing NUlirt account. If you are a new user, follow the previous link to register and create a new account. Please complete all the requested data fields included with the Ask On Entry (AOE) questions. A properly completed requisition is required for order processing. For orders created electronically, submitters should print a completed batch list within the NUlirt system to accompany the specimen. For issues related to NUlirt access, contact the NUlirt support group via email nulirtsupport@nebraskamed.com or contact client service representatives at 402-559-2440; or toll free: 1-866-290-1406.

Specimen Collection Requirements (NPHL only): The optimal specimen is a flocked, synthetic nasopharyngeal swab placed in a single tube of viral or universal transport medium. See information about collecting, handling, and transport of influenza laboratory specimens here: https://www.nphl.org/influenza prepinfo.cfm.

Influenza reporting: report pediatric deaths, novel viruses, and outbreaks

Pediatric influenza-associated deaths and variant/novel viruses ARE reportable (https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-173/Chapter-01.pdf). Outbreaks of influenza or other respiratory diseases (RSV, hMPV, adenovirus, etc.) ARE reportable in congregate settings such as long-term care facilities, correctional facilities, or group homes. Reporting should occur when there are two or more cases of influenza-like illness among residents within 72 hours with at least one of the ill residents having laboratory-confirmed influenza or another respiratory disease. Outbreaks of influenza and other respiratory diseases in schools/daycares are also reportable to public health (either NE DHHS or your LHD). Individual cases of influenza or other respiratory diseases are NOT reportable unless the case is tested and resulted by a laboratory who currently participates in automated electronic laboratory reporting.

Derek Julian, MPH Influenza Surveillance Coordinator 402-471-1376 Timothy Tesmer, MD CMO Public Health 402-471-8566

Matthew Donahue, MD State Epidemiologist 402-471-8566